



CITY OF LITTLE ROCK  
DEPARTMENT OF PLANNING & DEVELOPMENT  
BUILDING CODES DIVISION

723 WEST MARKHAM, 2ND FL  
LITTLE ROCK, AR 72201

APPLICATION FOR:  
**BUILDING PERMIT**

PHONE (501) 371-4833 OR (501) 371-4827  
FAX: (501) 371-4546

**OFFICIAL USE ONLY**

**\*\*SUBDIVISION COVENANTS AND RESTRICTIONS NOTICE\*\***

The City gives permission for this project in accordance with local ordinances. However, there may be subdivision covenants and restrictions that apply, and this permit does not void or override those covenants and restrictions.

PERMIT NO. **2015** \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

ISSUED BY \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

LEGAL DESCRIPTION: LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

OWNER/TENANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE/FAX: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_ PERMIT HOLDER EMAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE/FAX: \_\_\_\_\_

ENGINEER: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE/FAX: \_\_\_\_\_

CLASS OF WORK: ☐ NEW ☐ ADDITION ☐ REPAIR ☐ ALTERATION ☐ MOVE ☐ DEMOLISH ☐ ACCESSORY ☐ TEMPORARY

PROPOSED USE (OCCUPANCY): \_\_\_\_\_

SQUARE FEET (UNDER ROOF) \_\_\_\_\_ VALUATION OF WORK: \_\_\_\_\_

NO. OF BUILDINGS: \_\_\_\_\_ NO. OF UNITS: \_\_\_\_\_ NO. OF FLOORS \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, GAS, PLUMBING AND MECHANICAL WORK.**

I hereby certify that the data submitted on or with this application is true and correct. Also, I have read and understand the Subdivision Covenants and Restrictions Notice as stated above. Any deviation from information contained herein unless Approved by the Building Official will render this permit null and void.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR, AGENT, OR OWNER

\_\_\_\_\_  
DATE

REV11/12

\_\_\_\_\_  
PRINT NAME